

# Foster Family Home - Corrective Action Report

Provider ID: 1-514936

Home Name: Rosalinda Lopez, RN

Review ID: 1-514936-7

92-6001 Puapake Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 9/16/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6(d)(1) Home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain RD  
Compliance Manager

9/16/2020  
Date

Rosalinda S. Lopez RN  
Primary Care Giver

9/16/2020  
Date